

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101566,888

FILING DATE

1-31-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3			1			
4			1			
5				1		
6			e			
7				1		
8				1		
9			e			
10			1			
11				1		
12				1		
13				1		
14			e			
15						
16			e			
17						
18			e	1		
19			e			
20			e			
21				1		
22			e			
23						
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35						
36						
37						
38						
39						
40			e			
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47						
48						
49						
50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		16	←		←
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						